DOCUMENT RESUME

ED 346 886 IR 054 158

TITLE	Mass Media and Health: Opportunities for Improving the Nation's Health. A Report to the Office of Disease Prevention and Health Promotion and Office for Substance Abuse Prevention. Monograph Series.
INSTITUTION	Public Health Service (DHHS), Rockville, MD. Office of Disease Prevention and Health Promotion.
PUB DATE	91
NOTE	68p.
PUB TYPE	Reports - General (140)
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	Advertising; Broadcast Journalism; *Change Agents; *Change Strategies; Disease Control; Federal Regulation; Health Education; *Information Dissemination; Mass Media Effects; *Mass Media Role; News Reporting; Programing (Broadcast); *Public Health; Substance Abuse
IDENTIFIERS	*Health Information

ABSTRACT

Several interested organizations and agencies completed an exploration of the complexities and challenges affecting the communication of health information through the mass media. The goal of this effort was to create a shared agenda for increasing cooperation between mass media and public health professionals in addressing the issues, problems, and challenges of communicating health information to the public. The process included convening a group of experts to identify the issues; commissioning a series of papers to explore the issues; and bringing together public health and mass media representatives to identify barriers to collaboration and opportunities for working together to improve the quality and quantity of health coverage through the media. The objectives of this project included: (1) increasing understanding of the influences of mass communications on health issues and problems; (2) exploring shared responsibilities among media and public health professionals; (3) designing strategies for influencing policymakers and gatekeepers in the mass media and public health fields; and (4) setting priorities within both sectors for future discussion and exploration. This report summarizes the issues explored and presents a series of strategies for increasing cooperation between mass media and the public health community. Recommendations are presented for marketing communications, news, entertainment, the public health response to media interests and needs, the media response to public health needs, and policies and regulations affecting health communications. Appended materials include lists of program sponsors and contributors to the program as well as a list of eight papers commissioned for the project. (BBM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

IR

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED346886

MONOGRAPH SERIES

MASS MEDIA AND HEALTH

Opportunities for Improving the Nation's Health

12054158

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

BEST COPY AVAILABLE

MONOGRAPH SERIES

MASS MEDIA AND HEALTH

Opportunities for Improving the Nation's Health

A Report to the
Office of Disease Prevention and Health Promotion
and Office for Substance Abuse Prevention

Spring 1991
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

Table of Contents

Introduction v
Executive Summary and Recommendations ix
Mass Media and Health: The Issues
- Marketing Communications 1
- News 10
- Entertainment 17
- The Public Health Response to Media Interests and Needs 24
- The Media Response to Public Health Needs 34
- Policies and Regulations Affecting Health Communications 40

Appendices
- A. Program Sponsors 47
- B. Contributors 49
- C. Bibliography 56

INTRODUCTION

The control of fewer than 10 health risk factors—such as poor diet, lack of exercise, the use of tobacco and drugs, and alcohol abuse—could prevent an estimated 40 to 70 percent of all premature deaths, a third of all acute disability, and two thirds of chronic disability. Although many factors influence health-related behaviors, awareness of these risks and motivation to make changes in behavior are key ingredients to improving individual health and the health status of our society.

Communication through the mass media can be an important component of health promotion strategies designed to change health risk behaviors. The mass media have the capacity to reach and influence millions of Americans simultaneously.

The mass media can influence both individual behavior and community values that provide the environmental and the individual supports so necessary to maintain difficult changes in behavior. In addition, as the patterns of the delivery of health care continue to change, the media can provide valuable information to the consumer about the options that are available.

The media transmit health information directly, through news and features, and indirectly, such as through portrayals in entertainment programming. News or other coverage of health information and medical developments can save lives in a crisis; it can also be alarmist and misleading.

The media are inescapably a major source of health information for the majority of Americans. Yet, media gatekeepers (those who control access to the media such as reporters, editors, producers, and station managers) often fail to count among their primary responsibilities the obligation to educate their audiences about health. Therefore, it is incumbent upon the public health community to explore ways in which the media influence the public and opportunities to engage the mass media in our national strategies to improve the health of the nation.

Understanding the media perspective is a prerequisite to gaining their cooperation and improving coverage of health in the media. Toward this end, the Office of Disease Prevention and Health Promotion, the National Cancer Institue, and the Office for Substance Abuse Prevention designed an effort to examine such issues as:

- What, if any, public service obligation do the media have to address health issues in programming, advertising and news coverage decisions?

- What, if any, obligation does the public health community have to interact responsibly with the media?

- What social, political, regulatory, and technical factors affect the flow of health information through the mass media?

- How is health different from other issues addressed by the media?

The goal of this exploration was to create a shared agenda for cooperation between mass media and public health professionals in addressing the issues, problems, and challenges of communicating health information to the public. The process included:

- Convening a small group of experts from the fields of public health, mass media, marketing, and communications to formulate and debate the issues and to direct this exploration towards a productive and useful product. This group of experts is identified in Appendix B.

- Commissioning a series of papers to explore in depth selected issues identified by the expert committee. A list of these papers is included in Appendix C.

- Enlarging the debate by bringing together a group of 75 experts in September, 1988, to consider thoughtfully the issues identified and expanded upon in the commissioned papers, and to determine the implications for improving health messages in the media. See Appendix B for a list of those consulted.

- Refining these discussions through a review by selected Federal health communicators and producing the series of recommendations contained here.

The purpose of this report is to share with the public health community and others interested in the intersections of mass media and health issues the results of this effort, and to provide practical strategies to public health practitioners who see the need to work with the mass media.

In addition to the Office of Disease Prevention and Health Promotion, the National Cancer Institute, and the Office for Substance Abuse Prevention, major support for this project has been provided by the Henry J. Kaiser Family Foundation and the Program on Risk Communication, Georgetown University Medical Center. Support was also provided by the National Eye Institute; the National Heart, Lung, and Blood Institute; the National Institutes

of Health; the Esther A. and Joseph Klingenstein Fund, Inc.; the Annenberg Center for Health Sciences; the Kellogg Company; Macro Systems, Inc.; and the Prevention Research Center, University of Illinois at Chicago. Additional information about these sponsors is included in Appendix A. Acknowledgement also is due to Elaine Bratic Arkin and Caroline McNeil, editors of this report.

J. Michael McGinnis, M.D.
Director
Office of Disease Prevention
and Health Promotion

EXECUTIVE SUMMARY AND RECOMMENDATIONS

The Office of Disease Prevention and Health Promotion, the Office for Substance Abuse Prevention, and the National Cancer Institute, along with a group of other interested organizations and agencies*, have completed an exploration of the complexities and challenges affecting the communication of health information through the mass media.

This report summarizes the issues explored and presents a series of strategies for increasing the cooperation between mass media and the public health community. Recommendations are presented in chapters on marketing, news, entertainment, overcoming barriers to public health cooperation with the media, and overcoming barriers to mass media cooperation with the public health community.

The goal of this effort was to create a shared agenda for increasing cooperation between mass media and public health professionals in addressing the issues, problems, and challenges of communicating health information to the public. The process included convening a group of experts to identify the issues; commissioning a series of papers to explore the issues; and bringing together public health and mass media representatives to identify barriers to collaboration and opportunities for working together to improve the quality and quantity of health coverage through the media. The objectives of this project included:

- To increase understanding of the influences of mass communications on health issues and problems;
- To explore shared responsibilities among media and public health professionals;
- To design strategies for influencing policymakers and gatekeepers in the mass media and public health fields; and
- To set priorities within both sectors for future discussion and exploration.

Because the mass media are a major source of health information for the public, it is imperative that the public health community understand the struc-

*The Henry J. Kaiser Family Foundation; the Program on Risk Communication at Georgetown University Medical Center; the National Eye Institute; the National Institutes of Health; the National Heart, Lung and Blood Institute; the Esther A. and Joseph Klingenstein Fund, Inc.; the Annenberg Center for Health Sciences; the Kellogg Company; Macro Systems, Inc.; and the Prevention Research Center, University of Illinois.

ture of the media, what kind of health information is transmitted, and to what effect. It is also essential to know what opportunities and barriers exist to improving the quality and amount of health information the public receives through media channels.

The mass media are not monolithic. Rather, they include, as examples, cable, network and local television; commercial and public radio stations; daily newspapers with nationwide circulation, and small, local weeklies; thousands of magazines with broad readership or a narrow focus. In addition to the varied kinds of media outlets, there are many formats for conveying health information such as news, public affairs, talk shows, entertainment, public service and paid advertising, editorials, letters to the editor, comic strips, and columnists' commentaries.

A great deal of health information is available through the media; a large percentage of all stories in daily newspapers are health related. There are more journalists now with a science or health specialty and more newspapers with special health sections.

Health is of current interest to the American public; this is reflected by the medical reporters on television news shows, health topics in documentaries and on talk shows, and health-related storylines in serials, docudramas and other entertainment programming. Advertisers, too, are aware of the public's interest, and health claims are being used increasingly to sell products through the media.

Although this public interest in, and media attention to, health creates opportunities, the "health community" is no more monolithic than the mass media. It includes governmental agencies, research foundations and institutions, and for profit and nonprofit health care services. There is vast health message competition for public attention, especially in an era when two of this country's most distressing problems—drug abuse and AIDS—are health related.

In addition to an array of health topics of compelling interest and public need, there are many points of view. Health messages are generally complicated, and the media most frequently offer too limited time or space to cover the complexities of an issue. Although the health community traditionally has relied on public service advertising, there are more competitors and less public service availability than in the past. Some agencies are experimenting with the purchase of advertising space and time. Commercial advertisers are spending many millions of dollars on ads for products, such as alcohol and tobacco, that affect health. The health community is beginning to turn to media

advocacy—public health officials lobbying for health message exposure, accuracy, and media responsibility—as another way to gain the attention of media gatekeepers.

Frequently, the motives as well as the structures of the public health community and the mass media may present barriers to cooperation. For the public health community, motives include improving the health of the citizenry and containing rapidly escalating health care costs; for the mass media, the overriding motive is profit. The public health community looks to the media for help in educating the public, which requires a long term commitment; the media's goal is to inform and to entertain, its time frame is immediate, and it sees information in short sequences.

A recurring theme of this project is the need for the recognition that the mass media are not obligated to educate the consumer about health. The mass media are influenced by a variety of economic, political, and other factors. It is incumbent upon the public health community, as one of many public interest groups seeking the cooperation of the media, to understand the perceptions and motivation of media gatekeepers, to convince them of the importance of covering health promotion and other health issues, and to seek collaborative ventures with the media.

Major recommendations include:

Acknowledge the priorities of the mass media. Approach these communication channels with an understanding of their interests, which may differ from those of the public health community. Provide a personal or human interest slant to stories, create a visual focus, and shorten and clarify messages. Periodic surveys of media gatekeepers can help assure that the public health community is in touch with the priorities and viewpoints of the various media. This understanding is essential to framing health issues in ways that appeal to media gatekeepers.

Seek media and industry cooperation at all levels. Establish and nurture personal contacts over time—not just in regard to a specific issue or information campaign—and seek their involvement at the program planning stage to interest them in the cause or problem, not just the message. Recruit recognized or high level health officials to call on network presidents and publishers to promote health coverage. Corporate CEOs also can affect coverage of health concerns through the power of their advertising budgets. Personal relationships with individuals within the media establishment can help provide insight and access.

Reach out to minority media policymakers. Increase efforts to convince the minority media of the compelling needs of their audiences for health information, the interest of their audiences in health, and the need to counter targeted advertising. Involve minority media influentials in the planning of campaigns and include them on press lists.

Acknowledge and use the multiple facets of the media in developing health communication strategies. Public service and paid advertising, news, public affairs, and entertainment all can be used to present many aspects of a health issue and assure a continuous and repeated health messages through multiple channels over time. It is important to separate strategies and expectations by type of programming as well as by media channel (television, radio, print) and to develop marketing strategies to ensure that health messages are repeated. Prioritizing media outlets to approach according to the likelihood of cooperation and the potential for a perceived conflict of interest (such as with their advertisers) can help conserve limited resources.

Investigate the use of paid advertising for health issues. Although the health community traditionally has relied on public service time and space for its messages, some State health departments (such as California and Minnesota) are experimenting with paid advertising. Deregulation, other changes within the media industry, and increased competition for public service time have resulted in fewer opportunities to reach the public with public service announcements. Paid advertising permits some choice in message placement to help assure that a larger or a specific target group may be reached.

Consider nontraditional strategies that would support media efforts. These could include, for example, advocating for an excise tax on unhealthful products to finance health promotion activities through the mass media (such as California's Proposition 99); lobbying for the transfer of funds from other areas into support for media strategies; encouraging the development of guidelines for advertisers by the advertising community; and increasing policymakers' awareness of the need for mass media initiatives for health programs.

Become public health advocates with the media. The decline in Federal regulation of advertising and the media industry and the corresponding decline in media self-monitoring has increased the need for advocacy efforts. Feedback—both praise and constructive criticism—helps journalists and editors realize that someone is paying attention to their health news coverage. Systematic monitoring and analysis of health coverage is one way to incorporate this task into a media outreach program. Training in media advocacy for public health communicators, and informal coalitions among agencies with common interests to sponsor media advocacy activities are two other options.

Form coalitions and networks. Identify common interests among health organizations (such as a specific health issue or target audience) and form informal coalitions to increase "clout" with the media and with influentials who can affect media-related policies.

Educate the public about how to interpret health information in the media. People need to be informed consumers of health claims, conflicting news reports, and entertainment. It is especially important to educate children, who are prime consumers of television entertainment and advertising, about how to react to what they see, extract information, and judge messages.

Improve the communication skills of those within the public health sector. The communication skills of public health professionals, physicians, and researchers vary and have a great impact on the outcome of their encounters with the media. Media training, rehearsals, and other preparations for media interviews, press conferences and similar media contacts increase the likelihood of clear and compelling communication.

Increase media professionals' understanding of public health issues. Work with schools of journalism and professional societies to familiarize journalists with the issues of public health and medicine and to develop guidelines for reporting health and science issues. Educate editors about the interest of their audiences in health and science topics. Work with producers and writers to make the entertainment industry more aware of how to incorporate health problems in programming. Relationships need to be established and nurtured, not instituted only when a health issue arises and the public needs to be alerted or informed.

Increase access of media staff to background information, policies, and spokespersons. This can be accomplished through professional societies, personal relationships, clearinghouses, or other referral organizations. Computer networks and bulletin boards for quick access to position papers and comments from credible sources are also possibilities.

Recognize and reward cooperation. Awards may be one way to motivate media gatekeepers other than news reporters. Reporters may see awards as bribes, particularly if the awards are from special interest groups. Those involved in entertainment and other types of programs, advertisers, and feature writers might welcome awards, letters of commendation, or other recognition.

Develop guidelines for public-private partnerships. Every organization, in the public as well as the private sector, has its own agenda, and even "no-strings-attached" collaborations should be scrutinized. There is a need

to develop guidelines for public health agencies as they enter into partnerships with industry or the media to help assure mutual benefits while preventing potential pitfalls.

Encourage public health and media organizations to work together. The media should not be expected to cooperate solely for altruistic reasons, but also because mutually beneficial opportunities can be identified even though the two sectors may have differing values and goals. Public health groups should explore working with media outlets and organizations at the national, local, and state levels.

Develop guidelines for using health claims in association with specific issues and products. Guidelines could help prevent misleading claims for products and in image advertising. Industry should be encouraged to develop voluntary codes and self-patrolling as measures to engage the commercial sector in marketing and advertising practices that are beneficial to health.

Conduct research on the effects of health claims. Research is needed on the effects—intended and unintended—that marketing has on specific groups such as heavy drinkers, youth, and minorities; on the effects of public service messages; and on the effects of specific health claims in advertising.

Consider monitoring the content of advertising. Because of changes in industry practices, such as the decline in the networks' review of proposed advertisements, the public health community should consider monitoring advertising for selected products, such as alcohol and tobacco, to assure that informal guidelines or industry codes are maintained and adhered to.

Conduct more research on the effect of television's health imagery. While researchers have identified the underlying health images (portrayals and messages) in entertainment programming, there is little information available about their impact on various audiences.

These and other issues and recommendations are discussed more fully in the chapters that follow.

Marketing Communications

Discussion Leaders: William D. Novelli, Porter/Novelli; Charles Atkin, Ph.D., Michigan State University; William DeJong, Harvard University

Issues:

1. What are the pros and cons of collaboration among the various sectors in promoting health?

2. What responsibilities do businesses have in marketing health-related products and services? In providing balanced information? In identifying and responding to intended and unintended effects on the consumer?

3. In the welter of marketing claims and promises, many in competition with each other, consumers may be confused about healthful products and practices. What can be done to lessen this confusion?

4. What role do voluntary standards and codes play in protecting the consumer?

The American mass media rest on a commercial foundation. But permanent, solid, and well-established as that foundation may be, the relationship between marketers and the media is anything but static. In fact, marketing communications, including advertising, are subject to numerous shifts and pressures, which affect those who market health as much as those who market products. Current realities facing mass media marketers include:

- **Increasing public interest in health.** Reflecting the public's interest, health is more popular than ever as a topic in the mass media. Commercial health claims are on the rise. Attention to health issues on television programs and in magazines and newspapers abounds.

- **Diversification of the media.** The major networks now account for only about half of all television viewers. Cable and independent stations and VCRs attract the other half, creating greater competition than ever for commercial sponsors. According to one participant, this diversification is resulting in the "deinstitutionalization of America." The need to attract advertisers "threatens the independence, however fragile you may perceive it, of television news and entertainment and their insulation from advertising."

- **Other changes in the media industry.** Financial and other pressures have resulted in changes in how the media operate. For example, the decline in function and staffing of the television networks' standards and practices departments have resulted in less monitoring of the portrayal of health-related behaviors such as smoking and drinking in programming. Fewer resources are available for the diligent review of advertising.

- **Deregulation.** Fewer regulations concerning public service time mean that it is harder for public health groups to have their messages aired. For example, public service time has dwindled during prime viewing hours, and program promotions compete with public service for time not filled by advertising.

- **Social pressure.** The decline in government regulation could be matched by an increase in advocacy efforts from special interest groups. Both advertisers and broadcasters are sensitive to public opinion. The networks' initial refusal to air public service announcements about AIDS is an example of public opinion or social pressure—or perceived social pressure—at work. For businesses too, perceived social pressure is an important consideration; social conscience and public acceptance are important concepts for many corporations.

Emerging from the interplay of these pressures is a trend to incorporate health benefits into commercial messages. For the public health community, this trend offers an opportunity for wider dissemination of health promotion messages but raises questions of accuracy, compromise, and control. For the media and marketing communities, it poses questions of social responsibility and self regulation.

Public Health and Commercial Marketing—
A Growing Alliance

The concept of linking commercial products with public sector endorsement is intriguing to both sides. Marketing corporations are eager to associate their brands with the authority and credibility of a government agency, a major nonprofit voluntary organization, or a professional medical association.

Likewise, the public sector organizations are interested in the expanded communications reach, funding (and fundraising), and marketing skills that corporations can bring.

> These alliances are growing more common but require care in setting objectives, allocating the resources that each party will contribute, and protecting reputations.
>
> —William D. Novelli, *Marketing Communications—Selling Products and Services.*

As participants explored these issues, they focused on two major concerns: 1) the potential effects of and the tensions inherent in private/public partnerships and 2) the growth of controversial commercial practices.

Growth of private/public partnerships

The collaboration between the Kellogg Corporation and the National Cancer Institute (NCI), producing advertisements that simultaneously promoted a Kellogg high-fiber cereal and NCI's cancer prevention message, set the stage for similar partnerships. Other corporations had approached public health organizations over the years, sometimes resulting in cooperative ventures, but never had a collaboration been so visible or so extensively supported by advertising dollars.

For public health communicators, collaboration with commercial marketers holds several advantages. One is that, with the marketing and advertising budgets available within large companies, messages can be more effectively packaged and more widely distributed. Businesses can afford to hire marketing experts and to buy prime advertising space and time.

Collaboration also looks increasingly attractive to health communicators as it becomes harder to place public service announcements (PSAs). Just as deregulation of television and radio began to result in less public service time, more public agencies began competing for it. The result is a diminishing likelihood that a PSA will be aired during the right time of day with sufficient repetition to be noticed by the target audience.

From the private sector's point of view also, collaboration has advantages. Collaborating with a public health organization can contribute credibility and help fulfill social responsibilities while accomplishing marketing goals.

Not all participants favored collaborative advertising. Caveats and cautions were expressed as both corporate and public health representatives tried to assess the implications and consequences of joint ventures. Some of the issues explored were these.

- **The incompatibility of science with the simple health messages appropriate for marketers' purposes.** Science is full of uncertainties and, in most cases, cannot support a simple health directive. Scientific knowledge is constantly increasing; as a result, public health recommendations are subject to change. Such changes could undercut health claims used by advertisers and threaten the public's acceptance of the product. In addition, there are differing points of view within the scientific community. Often judgment varies about when sufficient evidence exists to communicate specific health advice to the public. For example, even fiber is not a certain good. There are many kinds of fiber, some of which may be beneficial. Others could cause harm, but scientists are not able yet to differentiate between them. The knowledge at this point, said one participant, is "much too complex to get translated into a commercial message, much less a public understanding."

- **The need for clear and understandable health messages.** Public health communicators, it was generally agreed, have to extract some message from the uncertainty and complexity of science, and the message must be clear. "We're going to have to make some decisions, to start with the data we have, to start communicating." Recent market research conducted by the National Cancer Institute shows that people are concerned about nutrition and want guidance but do not feel they need to know all the details. "They need to know what to choose when they go out and only have x amount of money to spend on that meal. . . ." The consumer asks a simple question that has a very complex answer. Where a simple answer is impossible or could be misleading, clear and easy-to-understand answers must be provided before the public will be willing to respond.

- **The potential for misleading messages.** Most participants agreed that the NCI/Kellogg collaboration was both responsible and effective health marketing, but most also agreed that collaboration holds pitfalls. "What happens when some of these messages are adapted by other companies and taken a little bit beyond the fringe?"

- **The need for guidelines on health claims.** Appropriate guidelines are needed to ensure that advertisers' health claims are as accurate as current scientific knowledge permits and can be substantiated by the scientific community. Such guidelines must apply to various uses of health messages in advertising. Product-specific claims, which often come under FDA regulations, are one kind. Another is advertising that repeats a health message from a reputable source and adds that the advertised product is consistent with that message. Many participants were concerned that guidelines not become elaborate rules that stifle creativity.

Others pointed out that guidelines could actually encourage collaboration. By jointly exploring and establishing guidelines, both public and private sectors could become aware of new opportunities. The existence of guidelines could introduce smaller businesses, which might not approach government on their own, to the benefits of collaboration.

- **The degree of control exercised by health agencies.** Corporations seeking partnership with public health agencies have complained that "they want me to do 61 things, including distributing 5 million brochures, and they won't give in on a point. And they are such purists that we can't do business." Health agencies unused to standard business practices may find it difficult to adapt to different procedures and expectations. When corporations find that transaction costs are too high, they may negotiate elsewhere.

  Because of a lack of tradition or rules related to government-business collaboration, the appropriate role for government agencies in working with industry is unclear. Developing guidelines for such efforts would help make clear to both parties the opportunities and limitations of working together. Further, maintaining public confidence in public health institutions requires constant vigilance in all arenas, including collaboration with the private sector. Guidelines could assist agencies in determining what is appropriate.

  Rulemaking and guidelines raise the specter of complex enforcement efforts. But official regulations may not be necessary. The National Heart, Lung and Blood Institute, for example, has informal guidelines for working with industry. Although they may not be legally enforceable, the prospect of counter advertising or negative publicity provides an incentive for industry to abide by them.

- **Coercion versus negotiation.** A related consideration is the process by which appropriate use of health messages in advertising is assured. Government agencies can impose rules, but negotiation may be the more practical route. For example, when a bakery took a quote from the Surgeon General and placed it on bread packages, some quiet negotiations with the marketing company got the implied endorsement removed, without resort to formal bureaucratic or legal processes.

> "It would be very easy in trying to define the parameters of this collaboration for an adversarial relationship to develop. . . . In the parlance of negotiation theory, we need to strive to make this a win-win situation as much as we possibly can."

In addition to issues associated with collaborative advertising, recent trends in the advertising industry were identified that pose conflicts with public health aims. These include:

- **Misleading claims and image advertising.** A claim can be clearly inaccurate or just fall short of sound health advice by omitting certain pieces of information. An example of the latter is advertising that promotes a canned soup's healthful attributes but neglects to mention its high sodium content. Image advertising, which uses imagery to associate a product with certain desirable qualities (e.g., tobacco with fitness), also can be misleading. While claims about specific nutrients in foods are subject to FDA regulations, other health-related claims such as advertisements of "light" food products have been subject only to industry self-regulation and monitoring by consumer groups.

- **Advertising to vulnerable audiences.** Alcohol marketers sometimes draw criticism when their promotions target heavy drinkers and college students. Also, their commercials, which seem an integral part of sports events, reach many children and adolescents. Tobacco marketing targets include inner-city minorities, youth, and women. The public health community may identify these audiences for counter messages or may call attention to "irresponsible" marketing—in either case, placing them at direct odds with these corporate and advertising interests.

- **Direct-to-consumer advertising by pharmaceutical firms.** Advertisements that tell consumers about prescription medicines are a fairly recent phenomenon, of which the FDA and other groups are extremely wary. These advertisements can bring patients into treatment, encourage patients to participate in treatment decisions, and enhance compliance with therapy. Potential adverse effects include overprescribing of certain products, deteriorated doctor-patient relationships, and increased health care costs. Guidelines are being considered to help deal with these potential effects.

Advertising Alcohol to Teenagers

Intense criticism is aimed at purported efforts by companies to target entry-level drinkers. Atkin and Block report that compared to adult respondents, adolescents:

- report higher exposure to alcoholic beverage advertising;

- demonstrate more learning about alcohol;

- are more impressed with endorsements by celebrities;

- are more likely to perceive advertising models as being under 21, and view these models more favorably;

- are more likely to say they will purchase the product which is advertised.

—Charles Atkin and Martin Block, *Content and Effect of Alcoholic Beverages Advertising*, Michigan State University, 1980.

Understanding What the Consumer Hears

The average consumer is exposed to hundreds of commercial messages a day. The more messages they are exposed to, the less likely they are to recall or remember a specific message. Commercial clutter has increased due to the number of 15-second advertisements on television, the number of network and local station promotional spots, and the elimination of the National Association of Broadcasters code, which regulated the number of commercials allowed each hour. The advent of "zapping" has made it easy for television viewers to switch stations to avoid commercial and other messages. The proliferation of VCRs offers a viewing option largely without commercial messages or public service announcements. All of these factors contribute to making consumer exposure to health messages on television more difficult.

To overcome these barriers, we need to create messages consumers will want to listen to and want to remember. This can be accomplished through the definition and development of a relationship that connects the consumer to the product or message.

—Catherine Davis, *What the Consumer Hears.*

OPPORTUNITIES AND STRATEGIES

Work toward engaging the commercial sector in marketing and advertising beneficial to health. There must be a mutual benefit for collaboration to work. "Scientists, public health officials, the media will cooperate only insofar as there are sufficient common values that you create, sufficient common understanding that you create, sufficient common images of each other that are

sufficiently non-hostile to allow negotiation and cooperation across major differences—that will always remain."

Develop guidelines for public/private partnerships. It's important to recognize that all organizations have their own agendas, and that public/private sector cooperation involves compromise on both sides. Guidelines should help identify opportunities that provide mutual benefit while preventing potential pitfalls.

Develop guidelines for health claims on specific issues and products. Guidelines also are needed for specific health and nutrition issues and products to help prevent misleading claims and image advertising. Industry should be encouraged to develop codes voluntarily. Self-patrolling by the advertising/marketing industry should be encouraged.

Educate the consumer to weigh conflicting claims. There is a need to counter commercial advertising by teaching people to be skeptical. One strategy would be to produce counter advertising, another would be to educate consumers, particularly children, to assess advertising critically. Some schools already have consumer education units that could serve as models. In addition, people need to know how to deal with the clutter of messages bombarding them. "The public deserves some sort of help in sorting through the morass. . . . perhaps we should press for the development of some kind of simple grading system."

Conduct research on the effects of health claims. Not enough is known about the effects of advertising on the health knowledge, attitudes, and practices of specific audiences, especially vulnerable audiences. Research is needed on the effect that marketing has on heavy drinkers, youth, and minorities; on the effects of public service messages; and on the effects of specific health claims in advertising.

Investigate the use of paid advertising for health issues. Although the health community traditionally has relied on public service (donated) time and space for its messages, some State health departments and other health agencies are experimenting with paid advertising to increase the reach and effect of their programs. Some broadcast outlets are negotiating or considering charges—at a reduced rate—for nonprofit advertisers. Deregulation, changes within the media industry, and competition for public service donations have resulted in fewer opportunities to reach the public with public service announcements. Paid advertising permits some choice in spot placement to help assure that a larger or a specific target group may be reached, although prime time may not be chosen to reach some audiences.

Consider monitoring the content of advertising. Because of industry changes, such as the decline in network review of proposed ads, the public health community should consider monitoring the content of advertising for selected products (such as alcohol and tobacco). Monitoring could assure that informal guidelines or industry codes are followed.

News

Discussion Leaders: Stephen Klaidman, Program on Risk Communication; Elaine Freeman, Johns Hopkins Medical Institutions; Sharon Dunwoody, Ph.D., University of Wisconsin

Issues:

1. How can health professionals and the media cooperate?

2. What are the responsibilities of media gatekeepers in selecting and shaping news coverage of health issues?

3. How is the media to know which sources to use for a given health issue? How do we deal with the lack of consensus in the scientific community?

4. Can coverage of health issues be improved? Should the health establishment try to play a more active role in monitoring and commenting on coverage?

5. How do commercial interests and news interests of the media interact?

6. Given the constraints of time, space, and deadlines, how can accurate and balanced reporting be achieved?

7. Who should worry about the way the audience responds to news stories?

> News has been defined many different ways, which results from the obvious fact that it is many different things. It may or may not be new in terms of when the specific "news" event occurred, but it must have been newly discovered, rediscovered, uncovered, or disclosed; it must involve something that a significant segment of the audience cares about; and it may be, but is not necessarily, controversial.
>
> —Stephen Klaidman, *The Roles and Responsibilities of the Mass Media in Reporting on Health.*

A significant percentage of all stories in daily newspapers are related to health. Yet some stories, considered important by the public health community, are never reported by either the print or broadcast news media or are incompletely reported. This was the central issue confronting the representatives of the media and public health sectors. Around it were clustered numerous

observations on the current relationship between public health and the news media.

The judgment of editors and producers about what makes news and sells papers or attracts viewers often is in conflict with the judgment of public health specialists about what people should know. The health community accuses the press of attributing more certainty to new findings than is realistic; portraying some minor advances as major breakthroughs and ignoring some major breakthroughs; exaggerating some health risks and benefits; and exploiting the emotions of patients and the public.

In the past, the public health community has attacked the media on the grounds of its fundamental approaches. It is incumbent upon the public health community to understand and accept how news is assessed and reported, and to work within the confines of this system to increase the quality and extent of coverage.

The media sees its primary responsibility to report what the public will read or listen to. "Journalists are not really in the business of writing or broadcasting to produce a particular response," as one participant said. If a health professional source and a journalist disagree about how information should be treated, the obligation is on the source to persuade the journalist.

Some of the faults that public health specialists attribute to the media are disappearing in the new wave of health reporting. This change in the way that health issues are viewed by the media—as an area of interest beyond hard news—has led to augmented, more indepth coverage through feature articles, special newspaper health sections, and new health programs on television. The growing number of science writers who specialize in health also provides more balance and accuracy. The context of a new finding, which is often lacking in hard news stories, can frequently be incorporated into feature articles or special sections.

But tensions between public health and journalism remain. Participants acknowledged these realities, as they explored the genesis, control, and shaping of health news; the difference between health education and health news; and the ways in which a public health concern can support news coverage.

> The principal imperatives that shape the 22 minutes of the network news programs or the 64 pages of a typical daily newspaper are well known. They are news judgment, which on any given day may be intelligent, incomprehensible, lemming-like, quirky, or some or all of the above;

> and the exigencies of audience share, which in print often means the triumph of writing over content and the selection of sexy stories over substantial ones, and on television frequently means pictures over all.
>
> —Stephen Klaidman, *The Role and Responsibilities of the Mass Media in Reporting on Health.*

Institutions as gatekeepers

Scientific institutions and government agencies traditionally have been wary of the mass media, often spending their communication budgets on publications that they can control, such as brochures and newsletters, which reach a more limited audience. In recent years, however, some have recognized the benefits of media coverage. Grant awards, national ratings, public recognition and support, and budgets can be influenced through a good marketing effort. As a result, some institutions now have public relations staff who coordinate or, according to some, attempt to "control" media coverage.

These staff often focus not on hard news but on institutional promotion and image-building. In some cases, streams of press releases and engineered media events foster a backlash among journalists, creating higher and higher levels of disinterest or skepticism. "Any doctor who hires a PR firm is a doctor I don't want to talk to," said one journalist. "This notion of endless soft promotion, institutional control, and institutional self aggrandizement has the overall, presumably unintentional effect of raising the skepticism level to a point that I think does real damage to health coverage."

The 1988 Surgeon General's report on nutrition was cited as an example of a pseudo-event by some participants. Because these journalists saw nothing new in the report, they perceived it as an empty public relations effort. Some ignored it, others reported it as a non-event that involved the popular Surgeon General, newsworthy in himself. Despite these perceptions, other participants noted, it did receive extensive coverage from all four networks, the major newspapers and wire services, and some weekly news magazines as the first Federal statement of consensus on the scientific evidence linking nutrition and health.

> "Scientists are naively innocent of the notion that they need to manage the truth. Their idea is that all they have to do is say it, and it will take care of itself, which is incredible."

"My impression is that every American is an expert in manipulating the press. . . . I find it hard to believe that the scientists sit in such isolation from the rest of their culture. This is a media-wise culture."

Health education versus health news

Health promoters and health reporters have conflicting imperatives, seen most clearly in their attitudes toward repetition. Repetition is a key to effective health education, but it is the antithesis of news, even soft news. "If you rerun the same story time after time, you're going to produce a boring magazine that people won't read."

One way to deal with the dullness of repetition is to treat stories from new angles. "If everyone agrees that consistency and repetition are the ways to get out certain key, critical health messages, then it's incumbent upon us to try and put a new spin on repetitive, consistent messages."

But is it incumbent on journalists to do so? Some said it was: "I don't think it's the source's duty to always put the angle on it. I think a good news reporter will say, 'How can I reflect this in my viewer's eye?' " But in that case, as someone else pointed out, "I'm not sure you're doing news. You're doing education."

How health becomes news

What makes a news story? This question was asked at different times and in several ways: How does a story catch a reporter's attention? What determines how a story is framed or reframed? How does a public health issue graduate from occasional mention to frequent coverage? How does the public respond?

The following points were made:

- Human interest is often what makes news. Reporters frame stories around concrete events in the lives of real people, preferably people who are interesting for other reasons. Rock Hudson's suffering from AIDS was a human interest event that boosted AIDS coverage dramatically.

- News is a product that evaporates easily, and it often takes more than one dramatic event to keep a story alive. Rock Hudson's death was followed by the story of AIDS in school children and then the spread among

heterosexuals, emerging events that helped keep the AIDS story alive in the news media.

- Repeated media coverage over time can result in heightened public awareness. Spurts of media stories about AIDS over a period of years have resulted in an increase in public understanding of AIDS, as well as an increase in some misconceptions due to media coverage of "high risk groups" such as Haitians. What this means to health communicators is that "you need patience, you need to keep the bidding going."

- There's no methodical way to assure health promotion through the media. It's too often the product of the right reporter at the right place at the right time. The challenge for public health professionals is to learn to recognize opportunities for coverage and to be prepared to respond quickly. For example, there are increased opportunities for health coverage related to some fads—health issues such as diet and exercise that the public is intensely interested in at a point in time.

- Personal contacts can be influential. "If Merv Silverman had been Abe Rosenthal's best friend, AIDS coverage in *The New York Times* might have looked a lot different, a lot earlier."

- Local news is replacing the national news as a primary source of television news coverage. This offers greater opportunities to present health information relevant to a local audience; it also may present a challenge in locating reporters with health or science training and additional work for public health agencies operating from the national level.

> [There are] ordinary constraints of journalism such as time pressure, competition for space, and inadequate resources, and special constraints [related to health reporting] such as lack of expertise, and the difficulty of explaining highly complicated, uncertain situations in layman's terms.
>
> —Stephen Klaidman, *The Roles and Responsibilities of the Mass Media in Reporting on Health.*

OPPORTUNITIES AND STRATEGIES

The following are suggestions for journalists and public health professionals concerned with health reporting.

Improve communication skills in academic medical centers, government agencies, and research institutions. Medical and public health agencies should have a staff person who is skilled in bringing media and agency representatives together, who can identify, train, and support scientists or other spokespersons who are good at talking to the media, and who can plan events or other opportunities for media coverage.

Train science writers in health issues. Both journalism schools and schools of public health could encourage good science writing through special courses or fellowships. In addition, the health and journalism communities should jointly develop strategies for improving health reporting and guidelines for improving collaboration among the media and public health sectors.

Clarify, don't simplify. Such training should teach journalists to present health information clearly, not simplistically. People can understand complex topics when they are well presented. Simplifying complex health issues can too easily lead to misinterpretation of the facts.

Raise the level of skepticism among news media professionals. Before reporting a story, editors and reporters should demand sufficient background information to make sure it should be reported and to put the story into context.

Increase media access to facts, scientists, and background information. This access could be through professional societies, key personal relationships, or referral organizations, such as the Science Institute for Public Information. Computer networks and bulletin boards for quick access to position papers and comments from credible sources are also possibilities.

Increase public health access to media through annotated mailing lists, for example. Culling the names of 300 to 500 committed health reporters from existing media lists and then annotating the list according to areas of interest could provide a valuable resource to health communicators. Reporters who have an interest in health and science coverage should not just be identified, but cultivated through ongoing contacts.

Build a foundation for good health news coverage. Regular contacts between sources and journalists can help build a fund of knowledge on both sides. For example, an alcohol specialist could meet regularly with a reporter interested in the subject, to talk about the epidemiology, current research efforts, and thinking of those in the field. One institute sponsors periodic scientific seminars for journalists, not for immediate coverage, but to provide background and to encourage them to use the institute as a source for news as it breaks. Feedback—both praise and constructive criticism—helps

journalists and editors realize that someone is paying attention to their health news coverage. Systematic monitoring and analysis of health news by a public health agency can not only track agency coverage, but also supply the information for such feedback to the media.

Educate editors about the interest of their audiences in health and science coverage. Health and science reporters point out that general news editors must be convinced that health issues are important, compelling, and attended to by their audiences. Public health agencies frequently collect data about public awareness, interest, and response that could be used to convince editors that the public would favor augmented health coverage.

Educate consumers, including children, to assimilate news reports more judiciously and to demand more and better health coverage. Even with improved health news coverage, the public still must be willing and prepared to pay attention, understand, and assimilate. Some school curricula include exercises to help students interpret the news; such skills are clearly applicable to aspects of life beyond health.

Recognize the differences between media channels. Differences exist in the interests, capabilities, and opportunities of television, radio, newspapers, and magazines; national versus local outlets; science writers and general assignment reporters. The public health community needs to match its expectations and assistance to specific needs and opportunities.

Encourage comprehensive news reporting of alcohol-related problems in general, and crashes in particular.

1. The Surgeon General should develop and disseminate a fact sheet on alcohol to be distributed to news organizations. This fact sheet should include information such as the following.
   - Alcohol is a drug, and beer is the alcoholic beverage of choice.
   - Alcohol is addictive.
   - The number of alcohol-related deaths includes approximately 25,000 traffic fatalities annually.
2. Encourage inclusion of information about the role of alcohol in news reporting of local crashes when appropriate.
3. Develop and disseminate twice annually a news release from the Surgeon General providing the latest available information on drinking and driving.

—Recommendations from the Surgeon General's Workshop on Drinking and Driving, 1989.

Entertainment

Discussion Leaders: Nancy Signorielli, Ph.D., University of Delaware; Katheryn Montgomery, Ph.D., University of California at Los Angeles; Robert Denniston, Office for Substance Abuse Prevention; David McCallum, Ph.D., Georgetown University

Issues:

1. What are the effects of dramatic and other presentations of health, violence, social behavior, illness, and death?

2. Is there a need to balance messages in entertainment programming (e.g., actors scripted to drink, the way illness is portrayed) that may influence behavior? If so, how?

3. What influence can advocacy activities have in shaping messages and improving access to programming?

4. What are the limitations of the entertainment industry in presenting health issues? Are there strategies that can be developed to help overcome these limitations?

5. What recommendations can be suggested for enhancing health-related imagery?

> "What's very important about television is that for the first time in human history, we have a commercial institution rather than the home, the family, or the church telling most of the stories."

Television is our society's primary story teller and a prime agent of socialization. Like other stories, television's stories have underlying messages, and these are presented to the overwhelming majority of people in the United States day after day, in the same way, at about the same time. Ninety-six percent of the population watch television, racking up an average of three hours a day. Children and older people watch even more.

Embedded in entertainment programming are intentional and unintentional health messages. Participants considered programs that disseminate positive health messages, the forces that help and hinder them, and the ways in which additional, positive portrayals could be developed.

Health Images in Entertainment Programs

Health-related images on television are often in serious conflict with realistic guidelines for health and medicine. Systematic content analyses of television soap operas, sitcoms, and other programs have identified the following kinds of images:

Physical illness is a central event in the story. The ill person has an aura of goodness and gets better. There is no mention of costs, insurance, or the health care system as a whole.

Mental illness is a sinister and frightening phenomenon, often involving violence and failure.

Physicians are very powerful and surrounded by deferential nurses and paramedics. Other health professionals are absent.

Violence is more common than in the real world and serves a dramatic or social purpose; pain, suffering, and medical help rarely follow.

Disabilities are rarer than in real life, and when they are portrayed the disability is often central to the life of the affected character. About half the time the portrayal is positive, i.e., the character is a developing person, but often the roles are negative: the character is menacing, sick, or pitiful.

AIDS is a scientific mystery, a gay issue, and a political story.

Food is a way to satisfy emotional and social needs. Snacking is prevalent and what is eaten is generally not nutritious according to current guidelines. Overeating appears to have no consequences.

Illegal drug use is rare but carries very negative consequences and is usually presented in the context of law enforcement. The pusher gets caught in the end.

Smoking is rare but so is quitting smoking. Currently television seems to ignore the issue completely, allowing smokers an escape from reality.

Over-the-counter drugs cure miraculously in the many commercials for them.

Alcohol use is common, especially during personal tension or crisis.

Seatbelt use is increasing, but unsafe driving generally does not lead to either injury or trouble with the law.

Sex is adolescent, titillating, and sometimes humorous, but there is little talk of preventing pregnancy or sexually transmitted diseases.

—Nancy Signorielli, Ph.D., *Health and the Media: Images and Impact*

Not all of the health images on television are negative, and some producers make a conscious effort to incorporate health-related themes into programming. Participants analyzed some barriers to and opportunities for similar efforts by Hollywood.

Barrier: Entertainment is not education

If social issues can be woven into entertainment on television, why doesn't it happen more often? Discussion pinpointed several obstacles: First, the medium's priority is audience attention, and entertainment is not always compatible with education: "There will never be a discussion of taxation, smoke free environments, or anything else in an entertainment show unless you can figure out one helluva funny or dramatic way to write it." A health issue must lend itself to storytelling before it can be written into an entertainment program.

Not recognizing the needs and priorities of television entertainment can doom a health campaign. There have been instances where public health professionals asked stations to make extensive changes in existing programming or to conduct campaigns incompatible with their commercial sponsors' objectives. The health community must understand that functional limitations exist: health portrayals must fit into story lines, be compatible with the characters, and not increase production costs. For script writers and producers to become involved, they need to be aware of an issue well before production begins, be convinced of its importance and fit, and be provided with quick and easy access to accurate information. The most successful campaigns are those in which there is a confluence of interests. That is, someone connected with the program has a personal interest in the health issue.

Certain media organizations work to increase socially responsible programming. The Television Academy of Arts and Sciences Outreach Program, for example, asks producers to place more emphasis on showing the consequences of behavior.

Barrier: Editorial taboos

Another obstacle is "a tendency toward excessive self-censorship." The networks have strong, clearcut policies against editorializing. Controversial subjects have to be treated very carefully, and even when it comes to noncontroversial issues, the networks may tread carefully if they perceive that a consumer or a sponsor may react unfavorably. For example, a sponsor may not want his product to become associated with a deadly disease or other depressing or serious health portrayal in a drama.

Networks and others in the media may incorrectly perceive public attitudes towards inclusion in programming of a controversial health issue (e.g., contraception) due to the influence of a vocal minority. It is the responsibility of the public health community to correct such misperceptions.

In addition, pressure from commercial sponsors may influence programming policies. For example, a large food and tobacco conglomerate could not be expected to sponsor a program featuring anti-smoking themes. Pressure from other institutions can also play a role. Examples were cited of medical association advisors controlling the content of physician/hospital dramas.

Opportunity: Individual programs and their champions

Television, it was asserted, is not inherently bland. There have been programs that dealt with social issues, notably the "Lou Grant Show," and these are aired, often, as a result of one person's championship. "It requires a social commitment by the person in charge . . . these things don't just happen."

The champion can be a producer, executive, or writer. With the decline of standards and practices as a result of deregulation, individual writers and producers may have more freedom to champion a particular issue, and to address more controversial topics. There also might be special incentives the health community could offer, such as attention to a provocative or appealing topic during rating sweeps, endorsements, or publicity by a credible public health entity.

Networking and personal contacts are important in getting more and better health messages into entertainment programming. For example, the Harvard School of Public Health, in what may be a model effort, has worked with Hollywood producers to incorporate into scripts the concept of a designated driver (one who does not drink at a party or bar so that he or she can drive others home safely). Arrangements for this campaign were made through a series of personal contacts.

Opportunity: Comprehensive strategies

Some social issues have been incorporated into a wide range of programs. One example is Project Literacy, which was integrated into entertainment as well as public affairs programming and also linked with community literacy programs. Network sponsorship of the campaign was at least partially responsible for this program's success.

Other countries have been able to develop television serials devoted entirely to educational or health issues, even one as controversial as contraception.

"You can do much more than just create awareness of an issue when you have an hour a day, five days a week, in a soap opera format, dwelling on an educational issue."

Media structure and the complexity of social issues in the U.S. could make that difficult here, it was acknowledged. Nevertheless, an educational soap opera in Spanish, produced in Mexico, has been proposed for Spanish-language stations in this country. In addition, there is already one national cable network focused on health and lifestyle issues and one daytime soap-opera-style documentary on medical care planned.

Research needs

While researchers have learned much about the underlying health images in entertainment programming, there is little information on their impact. Much more research is needed in this area. Researchers attempting to track changes in television's social imagery are hampered by inconsistent methodologies from the past. "We're relying on content analyses from the 1970s to try to make some observations and generalizations about programming today and very often it doesn't apply."

In addition, research should go beyond traditional content analysis and try to look at how stories are structured. It could be valuable to know how health issues are woven into the plot and what function they serve, and how they are received by the viewer. It is also important to look at what is going on beyond network television. New kinds of stations and programming are becoming more and more available, offering more options to public health agencies than in the past.

Some of the research on the impact of these messages should be qualitative. "It might be useful to do some kind of exploratory research that would try and get at the way viewers understand and interpret the images that they see in the stories that they are engaged in . . . and try to get a better understanding of that process of engagement."

OPPORTUNITIES AND STRATEGIES

Make the entertainment media more aware of health issues and public health professionals more aware of media needs. The public health community could become more sensitive to entertainment programming priorities and operations, while the media could become more aware of the messages they are sending audiences through the images programs convey and the influence of role models. The media also should be made more aware of the value of showing consequences of behaviors, and how this can practically be accomplished.

Encourage contacts between producers and decisionmakers at the networks and in public health organizations. High-level networking not only can result in a specific project, such as the designated driver theme, being incorporated in program segments, but also can stimulate greater understanding of the intersection of public health and media priorities at all levels.

Encourage public health and media organizations to work together. The media should not be expected to cooperate solely for altruistic reasons. Mutually beneficial opportunities can be identified even though the two sectors may have differing values and goals. The Entertainment Industries Council (EIC) and the Television Academy of Arts and Sciences Outreach Program are two media organizations that strive for socially responsible programming. Public health groups should work with them and with other organizations at the national, local and State levels. Specifically, it was suggested that a group such as the EIC be commissioned to prepare and publish strategies for health organizations on how to work with the media.

Educate the public. People should become informed consumers of entertainment as well as news and advertising. It is especially important to educate children, who are prime consumers of television entertainment and advertising on Saturday mornings and certain other times, about how to react to what they see and how to extract information and judge messages.

Conduct more research on the effects of health imagery in entertainment programming. Research should include audience surveys, tracking studies, and qualitative audience research.

Integrate entertainment along with news and public affairs strategies into the media outreach recommendations for public health institutions. It is important to separate media strategies and expectations by type of programming as well as media channel (television, radio, print) and to include strategies appropriate to each to ensure that the need for health message repetition is met.

The Public Health Response to Media Interests and Needs

Discussion Leaders: Rose Mary Romano, M.A., National Cancer Institute; Dan F. Beauchamp, Ph.D., New York State Department of Health; Elaine Bratic Arkin

Issues:

1. How do the priorities of the public health community differ from those of the media, and how can these differences be addressed?

2. What are the realities of public reaction and bureaucratic constraints in shaping the interaction among health sources and the media? Should these barriers be lessened?

3. How can the public health community respond to the media perspective of short deadlines and the necessity for simplifying issues, reporting in "short bites," or making events more or less newsworthy than they are?

4. Is lack of coordination a problem among various health interests and competing social causes? What effect does this have on health issue coverage/treatment? How can health sources help the media deal with such problems?

5. Are there opportunities for greater formal or informal collaboration between the media and health sectors?

6. Is there a lack of understanding of public health activities among the media? What effect does this have on the treatment of health issues?

> The heterogeneity that marks the mass media also characterizes institutions, disciplines and individuals within the fields of health care delivery, biomedical science and public health. The purposes and constituencies of those organizations differ and, as a consequence, so do their marketing goals. The mass media-related issues for a public health agency that is implementing a disease prevention program are quite different from the issues that confront a research institution attempting to interpret complex and obscure scientific advances under the pressures of hard news deadlines.
>
> —Stephen C. Stuyck, *Public Health and the Media: Unequal Partners?*

The public health community needs the media more than the media needs the public health community for two major reasons. One, as more and more data become available to support risk reduction programs, health educators have more messages to convey and more programs to sell, and the media can reach more people—and faster—than any other route. Two, the increasingly competitive health care market means that institutions need the media to increase their visibility and credibility. Yet, the public health community is but one special interest group seeking coverage by the media.

In this environment, it is important for the public health community to understand media objectives and priorities. Discussion centered on the barriers to and opportunities for more and better interaction between the two communities, airing issues related to the nature of public health information and messages as well as the needs of the media.

BARRIERS TO EFFECTIVE COLLABORATION

Conflicting priorities: Societal issues versus personal relevance

From a public health point of view, broad issues affecting large numbers of people are often the most important ones: safety devices in automobiles, the financing of health care, or the effects of the environment on health. But media reports often ignore societal issues in favor of stories about individuals.

The reason, say journalists, is simply that stories about individuals tend to be more interesting to most of their audiences than stories about abstractions. It is unrealistic to expect people to be interested in an issue "simply because you believe the public ought to be interested . . . . That's a losing proposition, journalistically and from an educational standpoint, as well."

Whether the mass media should or should not be used to address societal problems is another issue. Most participants seemed to agree that the public health community should accept and work with the media, offering challenges while recognizing its fundamental characteristics. However, public health professionals must acknowledge and respect the independence of the mass media.

What health communicators often want to bring to people's attention is healthful behavior and positive role models, which are not particularly newsworthy. Drug abuse coverage is an example of a case in which media and public health priorities seem incompatible. Although the media have paid a great deal of attention to drug abuse in recent years, the stories are about law enforcement or violence; they are not conveying public health messages. Cancer too receives media attention, but rarely does it include the National Cancer Institute's prevention messages.

"Mass media must provide continuing information on individual risk factors but also must illuminate structural risk factors. It must lead us to a shared responsibility for health, and not just focus on the individual with the problem."

"Television is there as a loudspeaker, and it is a marvelous loudspeaker. Some organizations are using it very well, and others don't seem to get to it at all."

Public health communicators need to convey information so that it becomes personally relevant. The issue of safety engineering in automobiles was cited as a good example of a societal issue that was successfully dramatized. One reason was that the public saw the dramatic image of an individual with a cause (Ralph Nader) pitting himself against big corporations. Another was that the societal issue was eventually personalized: "The car that you're driving, not your own bad driving, will kill you."

Consensus and controversy

The public health community wants positive coverage, it wants its messages used intact, and it wants coverage that explains the complexities and uncertainties of science. "We seek from the media an understanding of shades of grey in a media environment that encourages and rewards black and white."

But health information is complex and rarely lends itself to black-and-white presentations. "There is no such thing as the absolute truth in science, and there's always this problem of when do we have enough evidence to be able to draw a conclusion and to try to influence the way people think."

As a result, both consensus and controversy underpin most public health communications. Reaching a consensus in order to apply scientific knowledge to public health problems always involves some controversy and eventually compromise. For example, when the National Institutes of Health established 200 as the cutoff point for a "safe" cholesterol level, there was much internal controversy and compromise before consensus was reached. The advantage of the consensus was that health care providers and the public were provided with a clearcut guideline.

On the other hand, science writers may see consensus as a form of control. In their view, the controversy is the news. For example, at least one writer

BEST COPY AVAILABLE

reporting on the National Cancer Institute's recent letter to physicians, which made new recommendations concerning breast cancer treatment, focused on the controversy surrounding the letter rather than the message it contained.

Controversy may play a role in keeping an issue high on the public agenda. "Just the sheer hubbub, day in and day out," noted one participant, may be a reason that people are now more health conscious. AIDS is as an example of a health topic that has received extensive coverage at least partly because of the differences of opinion that surround it.

Conflicting Priorities

Presentations and discussions brought out some fundamental differences between mass media and public health objectives:

Mass media objectives	*Public health objectives*
To entertain or inform	To educate
To cover short-term events	To conduct long-term campaigns
To deliver salient pieces of information	To create understanding of complex information
To reflect society	To change society
To address personal concerns	To address societal concerns
To make a profit	To improve public health

Changing health knowledge

Added to the difficulty of reaching consensus about what recommendations to make to the public is the problem that those recommendations will change with new scientific advances. People accept advances in the science of outer space, but advances in health knowledge (and the changing health recommendations that go with it) can exasperate, annoy, and create distrust. The public health community needs to communicate that "it's not because we were lying, it's because we're learning more."

Diversity within both communities

Institutions have different purposes and constituencies, and this affects their approach to the media. A biomedical research institution, for example, may

have to interpret complex scientific developments for reporters who need hard news and have deadlines to meet; a public health agency working on a long-term health promotion campaign will face a different set of media needs.

There is also diversity within the news media. Health reporters may focus on health and science issues, but other reporters may be assigned to cover "hard" or breaking news, including that from a biomedical institution. There also are varying levels of skill on both sides: some public health professionals are guilty of poor communication; some journalists are guilty of not getting their facts straight or of misinterpreting the facts.

Competing educational efforts

Public health organizations find themselves competing for attention from the media, a trend that makes it more difficult to place PSAs and news stories but, in the view of some, is fostering creativity. Video news releases, direct electronic links to newsrooms, and more op/ed pieces are products of this "good productive tension."

Does competition within the public health community have an effect on overall media coverage? One view is that many different advocates can help increase coverage of an issue; another is that the public health community could have more strength and credibility and value for consumers if it spoke with one voice.

This question was not resolved, but several areas were identified where coordination clearly could be beneficial. Building communication skills and conducting audience research are both efforts conducive to collaboration. Coordination of campaigns aimed at the same audience is another possibility, e.g., campaigns aimed at low-income teenagers to prevent both alcohol and drug abuse and early pregnancy.

It was also pointed out that the public health community is responsible for promoting conflicting messages representing different points of view, which can result in confusion on the part of media gatekeepers as well as the public. These differences are not likely to be resolved, but the way issues are framed can make the discussion more comprehensible.

Characteristics of Effective Media Campaigns on Health

A public health communication campaign can be defined as:

- an integrated series of (communication) activities,
- using multiple operations and channels,
- aimed at populations or large target audiences,
- usually of long duration, and
- with a clear purpose.

This definition implies preplanning and organization of strategies and activities. The activities could consist of more than mass communications, including grassroots organizing, activism and confrontation, and legislative testimony. The clear purpose of the campaign should be expressed as clear and measurable objectives. Communication campaigns generally aim to bring about change by influencing either the opinions or behaviors of individuals. More broadly, objectives could address changes in other groups that directly or indirectly affect the public's health such as the behaviors of health care professionals, the marketing behavior of corporate heads, or the legislative activities of representatives.

A sequence of steps, simple to spell out but difficult to meet in practice, must be followed for public health campaigns to be maximally effective:

- develop and use high quality, tested messages and credible sources.
- disseminate through appropriate channels to reach the target audience.
- gain and keep the attention of the target audience.
- encourage interpersonal communication among the target audience.
- cause changes by individuals within the target audience.
- cause broader social changes in support of the individual changes.
- obtain knowledge of the campaign effects.

To be effective, messages must reach their target audience, be repeated frequently and consistently, but with some novelty, for long periods of time.

Mass media campaigns can realistically be expected to raise awareness and increase knowledge. Attitude change and motivation to act differently are more difficult to bring about. Substantial behavior change is even more difficult, but not impossible.

Evaluation strategies are integral to the success of a campaign, including needs assessment and formative research at the front end of the campaign, and summative evaluation to assess the campaign effects for future application.

—Brian R. Flay, D.Phil. and Dee Burton, Ph.D., *Effective Mass Communication Campaigns for Public Health*

OPPORTUNITIES AND STRATEGIES

It was acknowledged that, in general, health issues are covered extensively by the media. In addition, coverage—especially by health journalists—is most often seen as satisfactory by the health community. Nevertheless, successful collaborations need to be expanded and new opportunities created. Participants suggested that the public health community pursue the following strategies to respond better to media needs and increase media attention to health.

Recognize media priorities. Approach the mass media understanding its fundamental characteristics. Provide a personal or human interest slant to stories, create a visual focus, shorten and clarify messages. A survey of mass media gatekeepers in Texas suggested these ways that public health communicators could improve their relationship with the media: Be knowledgeable, aggressive, credible, clear, concise, and provide useful, rather than promotional, information. In general, survey results point to the receptivity of gatekeepers to health information (soft news), but the information must be something they can use. Periodic surveys of media gatekeepers along with continuing personal contacts can help assure that the public health community is in touch with media priorities and viewpoints. This understanding is a prerequisite to framing health issues in ways that appeal and are useful to media gatekeepers.

> It will come as no surprise that gatekeepers want health information materials that are concise and clear, largely for reasons of space and time limitations. More than 60 percent of those in our survey said they did not use health information they receive either because the "format was inappropriate" or it was "uninteresting." We found great interest among gatekeepers in receiving materials that they perceive (1) relevant to their audiences and (2) of help in doing their jobs.
>
> —Stephen Stuyck, *Public Health and the Media: Unequal Partners?*

Recognize the diversity of the media. Seek coverage beyond hard news. Feature stories and op/ed pieces can give good coverage of "soft news." Modular talk show programs can be created by health groups and disseminated to local markets who can adapt them, using local experts. Also consider media other than television and newspapers, such as radio, the recording industry, and videotapes, and paid advertising in addition to public service availabilities. Approach the media that are most likely to cooperate and least likely to have a conflict of interest. "If you have a tobacco story, you go to *Reader's Digest*, because they don't have a conflict of interest," said one participant, noting that *Reader's Digest* does not accept cigarette advertising.

Be a media resource. Make background information easily available through associations, individual experts, and referral services. Consider computer bulletin boards with the telephone numbers of experts on particular health issues; position papers with background information could also be included. Invest the time to learn and respond to the needs and requirements of the media.

Work with media gatekeepers. In developing PSAs, health communicators have used social marketing techniques, but they have yet to fully embrace other established public relations practices, such as working with gatekeepers. Getting editors, producers, station managers, or other influentials interested in an issue is often the first step toward coverage. If individual gatekeepers do champion a particular cause, they can help overcome other obstacles. This means that health promoters must find ways to interest gatekeepers. "We need to recruit their participation by finding ways that involvement in campaigns has personal and professional rewards."

Recognize and reward cooperation. Awards may be one way to motivate gatekeepers other than those concerned with news. News people tend to see awards as bribes, said journalists in the group, particularly awards from special interest groups. However, those involved in entertainment, public service programming, and advertising may welcome the recognition.

In a recent national survey of members of the Society of Professional Journalists, respondents said that awards had helped their careers, although there was no objective evidence from survey responses that this was so. Organizations that won awards clearly benefitted.

News journalists said they might welcome other forms of recognition, such as a letter of commendation to the Federal Communications Commission, with a copy to the station manager, or a letter to an individual, with a copy to their boss.

Look for support among corporate level media executives. Recruit recognized or high level health representatives to call on network presidents and publishers to promote health coverage. Corporate CEOs also can affect health coverage through the power of their advertising budgets.

Improve communication skills among health and media professionals. The skills of journalists, public relations staff, and scientists vary and have a great impact on the outcome of their encounters. Including health examples in journalism textbooks, developing health writing courses in journalism schools, and creating media awareness courses in public health and health education schools may be good ways to build better skills. Short training courses for health professionals working in medical and scientific institutions could also help.

Find a way to combine the epidemiological and the personal. Illustrating the impact of the public health issue with a "real life" example, such as its effects on an individual, can make the issue pertinent to both the media gatekeeper

and the consumer. This may be the key to successful health communication on broadscale, societal issues.

Explore all aspects of an issue to keep it alive over time. A story with a new slant can reawaken interest in an old topic, such as cigarette smoking.

Form coalitions and networks. Public health organizations could join forces to conduct audience research, build communication skills, and support media advocacy efforts. Several specific suggestions emerged:

- a network of policy professionals trained in media advocacy and supplied with materials and strategies to both reward and criticize media efforts.
- a computer network that would disseminate information for media advocacy programs.
- a shared media contact list, annotated by special interests.
- a resource center for PSAs and other media materials to provide ideas for new materials or to be adapted or localized for other campaigns.
- collaborative campaigns that target the same audience segment or a specific issue of common concern.

Reach out to minority media policymakers. Involve minority media representatives in the planning of campaigns. Seek augmented placement of messages in magazines, newspapers, radio stations, and other media that reach minorities targeted by health programs.

Seek out and support those with media savvy within scientific and medical institutions. Some physicians and researchers have already overcome institutional barriers to communicating with the media. These "spark plugs" should be provided communications training, if needed, and used to improve contacts with the media.

Start with sound scientific and target audience data. Educational campaigns must rest on a sound science base to provide accurate and credible health messages. However, communication research as well as scientific research is essential to ensure that the message will be meaningful to the intended audience. It is the obligation of the health community to determine when and whether sufficient, understandable scientific consensus exists to support public communication, and to provide sufficient, understandable scientific information to the media to enable journalists to identify and stop inaccurate or

misleading stories. Identifying specific target audiences (subgroups of the general public), identifying their media habits, and conducting other related communication research with them will help focus which media channels and what messages should become the components of a specific campaign.

The Media Response to Public Health Needs

Discussion Leaders: Philip Meyer, University of North Carolina School of Journalism; Morton Lebow, American College of Obstetricians and Gynecologists; Christine Russell, *The Washington Post;* Avery Comarow, *U.S. News and World Report*

Issues:

1. What effect does perceived audience sensitivity have as a deterrent to providing certain health messages (e.g., contraceptive messages, AIDS, risk reduction)?

2. What are the corporate realities (such as profits) of television networks, radio stations, and newspapers and how do they affect media coverage of health issues?

3. Is there a lack of coordination among various health interests and competing social causes? Does this have an effect on health issue coverage?

4. Is there a lack of understanding of media functions by public health professionals? Does this have an effect on media treatment of health issues?

5. Beyond staying in business, is the prime directive of the media to inform or to entertain? How is this influenced by advertisers, especially advertisers who are affected by the information contained in the broadcast or article?

6. Is there a conflict of interest when newspapers or television stations are owned by industries that also produce or own the products advertised by those newspapers or television stations? Does this affect the degree of coverage or accuracy of health information conveyed?

Possibly the most fundamental barrier to the media's involvement in health issues is the nature of news. Contributors explored this issue as well as other barriers, including the influence of advertisers and perceived audience sensitivities.

BARRIERS

The nature of news

The media are aware that they always are competing for the public's attention; viewers and readers constantly make decisions to switch or to withdraw their attention completely. Because the cost of acquiring information is usually seen in terms of time spent, one marketing strategy is to reduce this cost. As *USA Today* has discovered, the brief, time-saving unit of information is marketable. This desire for brevity sometimes conflicts with the need to explain complicated health issues.

Factors that get people to pay attention to a news story are the traditional criteria for news:

- Timeliness—news, by definition, is new
- Proximity—the event is within the audience's perception of their community
- Consequence—the news will affect the viewer/reader
- Human interest—an appeal to emotion or an illustration of a universal truth
- Conflict—a clash of opposing interests
- Prominence—such as associations with a celebrity or renowned figure
- Unusualness—something that has not happened before

Some other, nontraditional definitions of news are these:

- Inoffensiveness. The media not only don't want to offend anyone, they want to avoid public complaint. This gives vocal, mobilized segments of the public a disproportional amount of influence with the media.

- Congruence. If the information is too unusual, if it doesn't fit society's existing theoretical constructs, it will not sell. "And some of the things that you want to do to change behavior require changing the theoretical construct, and that's what happened with smoking; that's what's happening with alcohol. But it's not something that can be done easily, and it's more complicated than just getting information into people's heads."

- Brevity. Whether broadcast or printed, information has to be packageable into short bites and compete with the clutter of other bits of information.

—Philip Meyer, *Factors that Affect Media Responsiveness to Public Health*

"If we're going to change the way health messages get out through the media, we've got to change the nature of the market . . . so that the marketplace demands better information and can recognize good information . . . ."

Differences between pure and applied science

Scientists engaged in basic research are more likely to qualify their statements, to need to acknowledge the uncertainty of science, to be concerned with "the half life of the truth." On the other hand, practicing physicians and public health specialists must translate and apply research findings—that is, "latch on to some level of certainty which they take to be sufficient and act on it." When the media listen to basic researchers and public health practitioners, they may perceive that the health community is talking at cross purposes. Issues of control, consensus, and scientific controversy, discussed in the previous chapter, impede the way health information is communicated through the mass media.

Pressure from advertisers

Whether advertising influences editorial content was debated from several angles. Individual editors say they do not think in terms of advertising when planning content but acknowledge that their stories eventually must be passed by editors-in-chief or publishers, who have to consider a publication's financial health. Moreover, advertisers do consider "editorial appropriateness" when selecting channels.

The degree of influence may depend on the size of the outlet. "The reality is that the clients and the advertising revenue of a small magazine are quite different from something like ABC News." Not everyone agreed with this, but it was acknowledged that a few large magazines are able to reject advertising of which they do not approve. *Readers' Digest*, for example, accepts no cigarette advertising.

The myth of audience sensitivity

One of the barriers that health communicators sometimes face is audience sensitivity, or what gatekeepers perceive as audience sensitivity. PSAs on certain topics, for example, may be turned down by networks worried about public reaction.

When this happened to PSAs designed to prevent adolescent pregnancy, the American College of Obstetricians and Gynecologists (ACOG) addressed the disapproval through news channels. The Association held a press conference and treated the networks' rejection of the PSAs as a news event. The story was picked up by wire services and news departments and had the desired effect: not only were the spots aired on many news programs, but NBC agreed to run them as public service announcements with the word 'contraceptive' deleted. Another press conference, this one held jointly with NBC, convinced other networks to do the same.

Three years of this campaign have resulted in fewer than 20 letters of complaint, compared to thousands of calls for the pamphlet that the PSA promoted. But orchestrating this kind of response, ACOG concluded, is "a long process, a costly process."

Audience sensitivity, it was generally agreed, is probably more perceived than real, a false barrier created by vocal, mobilized, small groups. The antidote could be mobilization of counter groups.

Fear of manipulation

The distinction between health education and health reporting is sometimes blurred, a fact that concerned some participants, who saw "partnership" as a code word for manipulation. "The idea that somehow the news is to be co-opted and manipulated into [an educational] campaign seems bizarre."

One school of thought held that it is the job of marketers, including health promoters, to manipulate and the job of the media not to be manipulated. According to this view, good reporting and, in the long run, the public interest is best served by this "essential tension between different institutions."

OPPORTUNITIES AND STRATEGIES

Acknowledge different objectives and look for intersecting interests. Health reporters and health communicators should recognize their differing objectives and seek ways to make their interaction stimulating rather than manipulative by either party. AIDS coverage was offered as an example of effective reporting that served the purposes of both. Hundreds of AIDS stories have appeared, often with a slightly different angle, but most conveying the same basic facts about the disease and how it's transmitted.

Encourage journalists to become more aware of public health issues. Organizing seminars for journalists was one suggestion. Advocating education about public health issues in journalism schools was another. Although not all editors believe in the value of formal journalism training, it was noted that many journalists hired by newspapers are graduates of these institutions. Proponents of this idea also pointed out that journalism schools require students to take most of their coursework in the liberal arts and that an advanced journalism degree "is a great opportunity to develop a substantive specialty." Journalists also should be encouraged to learn to discriminate between basic and applied scientists as sources of information, to help put health news in its proper context.

Educate the public health community about media priorities and procedures. Media outlets need to do a better job of explaining their purposes and styles of operations to the health community, especially at the local level. Also, the news media could provide a valuable service by describing how a health concern becomes a health story.

Develop and promote special information channels. News media professionals need to verify and extend their knowledge on new topical areas as news emerges. Professional societies, key individual contacts, or referral organizations, such as the Science Institute for Public Information, could be used to accomplish this. Health communicators should be aware of the importance of wire service coverage, especially to a great number of smaller news outlets, and the role of the *New York Times* and the *Washington Post* as news services as well as industry policy leaders. Journalists at these newspapers have a special gatekeeping role and should be cultivated. Relationships need to be established and nurtured—not instituted only when a health issue arises.

Scientists with any experience in dealing with newsworthy research findings quickly perceive that building walls between themselves and the media is not a practical course. A better alternative is to set up channels of

communication over which they can maintain some control. In its simplest form, the mechanism can be a list of experts in different specialties maintained by a professional society or public agency. The University of North Carolina at Chapel Hill, for example, publishes a volume called "experts on call" whom reporters are invited to call at any time at work or at home when they need specialized information.

—Philip Meyer, *Factors That Affect Media Responsiveness to Public Health*

Acquire information regarding audience sensitivities and mobilize support to raise media awareness of public opinion. It was suggested that the public health community could research and use public opinion to correct misconceptions that gatekeepers have about audience sensitivities and to influence media policies that are not conducive to health promotion. Collecting more and better survey data on audience attitudes for use with media gatekeepers could convince them that audience sensitivities are less an obstacle than they perceive, and could "eliminate with information the kinds of personal biases that people have."

Media representatives suggested that "maybe a thing to do if you're dealing with a controversial campaign is to hustle up some of these people who everybody would think would never in a million years allow their kids to see it, march them into the network heads . . . . start with the affiliates and then fly them to New York."

Direct mail may be another way to mobilize support for a campaign. A letter to a selected mailing list, for example, could ask people to write to gatekeepers of media who have policies contrary to the interests of public health.

Boycotts were discussed, but were not considered a useful option, except as a last resort.

If you would change the media, you must first change the marketplace. Some sort of grass-roots effort to mobilize opinion in favor of better coverage and to complain about bad coverage might help. While running for re-election every day, an editor is often starved for feedback from the audience and is likely to pay the most attention to whatever elements are most mobilized. Whether public health is a mobilizable issue in the marketplace of public opinion remains to be tested.

—Philip Meyer, *Factors That Affect Media Responsiveness to Public Health*

Policies and Regulations Affecting Health Communications

Discussion Leaders: Bruce A. Silverglade, J.D., Center for Science in the Public Interest; Michael Pertschuk, J.D., The Advocacy Institute for Health Sciences; Lawrence Green, Dr.P.H., Kaiser Family Foundation

Issues:

1. How do federal regulations and industry and media self-regulation affect how health issues are communicated through the media?

2. To what extent do/can/should the health community collaborate with the private sector? How can conflicts be avoided or managed?

3. How have shifts in the media industry (competition, advertising, revenues, audience's habits) changed the quality, time, and space devoted to health issues?

4. How has regulatory philosophy shifted over the last 10 years? What has been the effect of these shifts? What are the continuing responsibilities of the media to provide a public service?

5. Who is responsible for protecting the consumer? From what? How much protection is appropriate?

6. To what extent can the government or others promoting health legitimately become involved with counteradvertising?

The decline in regulation

Since the mid-1970s, there has been a decline in Federal regulation, reflected in the following approaches to public policy concerning food labeling and advertising:

- *Command and control.* Three agencies, the Food and Drug Administration, the Federal Trade Commission, and the U.S. Department of Agriculture, attempted to develop formal regulations in the 1970s but were caught in the backlash against regulation. Lacking an organized, vocal constituency, most of their efforts died.

- *Attempts to create a quasi-governmental institution.* In 1981, several government and private groups joined forces to create a network to disseminate information about the link between diet and disease. The food industry was a leader in this effort, "but as soon as it was clear, by 1982, that the threat of mandatory regulation had subsided, everyone pulled out." Ironically, government agencies were the first to leave.

- *Reliance on free market forces.* Left to their own devices, food advertisers promoted various health-related messages. Some are responsible, but others are less so. The laissez faire policy also led to the proliferation of undefined terms in alcohol and food product advertising, such as 'light'.

- *Decline in self-regulation.* As a result of the government's hands off policy, industry has become less interested in upholding advertising codes. For example, the Council of Better Business Bureaus, National Advertising Division, used to review 150 complaints a year but now reviews only 90.

- *Independent efforts by corporations and public health agencies,* such as the NCI/Kellogg collaboration. Other companies are now trying to get public health agencies' support for messages.

Deregulation of the media by the Federal Communication Commission (FCC) has also affected how health is covered. Fewer FCC limitations on the number of commercials aired and a change in requirements affecting public affairs programming have resulted in less public service availability.

Changes in FCC requirements have been accompanied by a decline in television networks' monitoring of standards and practices; as a result, there is less oversight of advertising and program content.

Advocacy efforts

Media advocacy by the public health community could influence policies and coverage related to health issues. However, advocacy strategies need to be developed with recognition of the limitations of the media, realistic expectations of change, and implications for potentially adversarial relations with the media.

The history of tobacco advertising suggests ways policies could be advocated to influence other advertising that is related to health:

- *Setting rules of fair competition.* The Federal Trade Commission developed standard measures and instituted periodic testing for levels of tar and nicotine in cigarettes.
- *Requiring disclosure.* Then the FTC required that cigarette advertisements disclose tar and nicotine content levels.
- *Counteradvertising.* The Fairness Doctrine was adopted to require broadcasters to air public service announcements countering cigarette advertisements.
- *Banning advertising.* Cigarette advertisements were prohibited on television and radio after January 1971.
- *Requiring warning labels.* Warning labels were first required on cigarette packages and then in advertisements as well. When the single warning label on cigarette packages lost its impact, a series of rotating warnings were mandated.

  Recently, Congress acted to require alcohol labelling disclosing risks related to pregnancy and driving. Renewed media advocacy efforts were recommended for selected issues including promotion of cigarettes to minority audiences (e.g., billboard placement), alcohol advertising directed to underage college students, and promotion of cigarettes and alcohol at sports events popular among youth.

Public/private collaboration: purity versus compromise

One of the most recent, visible innovations in public policy is the use of public/private partnerships, which some contributors viewed as opening a Pandora's box of problems.

Such partnerships inevitablv lead to compromise, they argued, and compromise can lead to distorted messages. The National Heart, Lung and Blood

Institutes' (NHLBI) National Cholesterol Education and National High Blood Pressure Education Programs, for example, could be open to influence by private sector involvement; messages could be tilted toward medication and away from prevention to the benefit of pharmaceutical companies. However, informal guidelines developed by NHLBI to govern collaboration with the private sector have prevented such problems. The need for similar ground rules prior to engaging in joint ventures, however informal, with industry was advice emphasized for other public health agencies.

Even "no-strings-attached" partnerships made some people uneasy. One participant said he had declined corporate funding that appeared to have no strings attached, fearing the potential for influence later on. Some other participants supported that decision, but others disagreed, showing "how far we've come in accepting the proposition that some collaboration is possible and possibly desirable."

Proponents of cooperation noted that there is no such thing as purity of purpose, that all groups have a hidden agenda. The key is to cooperate while remaining alert to how people and issues can be manipulated—and avoid being manipulated.

Fiscal strategies related to the mass media

One public policy tool that could work to the benefit of public health would be an increase in excise tax on certain products such as cigarettes at the Federal or State level, earmarked to finance counteradvertising and other health education efforts. A very small tax could raise millions of dollars.

Others urged caution, citing implications that had to be addressed, such as: What should be taxed—cigarettes only? Cigarettes and alcohol? Would this "lead down a slippery slope to excessive taxation?" And then who should get the money, what messages and strategies would have priority?

In fact, should that money even be spent on health education? Why not just "take this billion dollars in excise taxes and deal with some of the social and economic problems in the Black community?" This was one example of an appropriate way to spend excise tax dollars, it was noted, because tobacco and alcohol advertising is highly targeted to minority communities.

The specter of paternalism

Discussions of a potential earmarked excise tax and the massive, government run advertising campaign it could finance raised a larger issue:

Should government be a big spender in mass communications? "The idea of appointing a Federal czar with a billion dollars to do anything is terribly frightening."

Those arguing for an earmarked excise tax pointed out that cigarette and other advertisers are much larger spenders in the mass media than the government would be, even if the excise tax raised a billion dollars. Moreover, the tax would not impinge on industry's freedom to advertise: "I would be willing to see our [health] message compete with their message and see what happens."

Another example of a fiscal strategy related to the media is advocating the elimination of tax deductions for alcohol advertising and promotions at the State or Federal level.

> "Once again, the media can't do it all. We need to recognize that public health policy is politics and that we have to deal with that in a very realistic way."

OPPORTUNITIES AND STRATEGIES

Acknowledge that with decreased regulation comes the need for increased advocacy. The decline in Federal regulation of the media and the corresponding decline in media self monitoring increases the need for public pressure to ensure responsibility. Training in media advocacy was recommended for public health communicators. Informal coalitions among agencies with common interests could be organized to sponsor media advocacy activities at the community, State, or national level.

Recognize that public/private partnerships involve compromise. Every organization, in the public as well as the private sector, has its own agenda, and even "no-strings-attached" grants or collaborations should be carefully examined. "You've got to have standards, you've got to have guidelines, you've got to have negotiation, you've got to have a fair relationship that both sides will benefit from."

Consider a range of options for future media-related efforts. These could include, for example, advocating for an excise tax on unhealthful products to finance health promotion through the mass media; for Federal financing of health message advertising; for the transfer of funds from other areas to support media strategies for health education; for joint public/private sector development of guidelines for advertisers as well as for collaborative ventures; and for increasing awareness among State-level policymakers of the need for media initiatives.

APPENDICES

A. Program Sponsors 47

B. Contributors 49

C. Bibliography 56

Appendix A

The sponsors of the program that resulted in this report are concerned with a wide variety of public health issues including cancer prevention, the prevention of alcohol and other drug abuse, the early diagnosis of glaucoma, diabetic retinopathy and other eye problems, the control of hypertension and blood cholesterol, and changing the American diet to include less fat.

These organizations and agencies also are involved in a variety of issues related to communicating with the public, including how to translate complex, emerging scientific knowledge rapidly and effectively, and how to weave communication strategies into broad programs to improve health-related behaviors. A common concern is the role of the mass media within each of these issues. It is this commonality that led the program sponsors to participate in the exploration that resulted in this report. Interested readers may wish to contact sponsors directly at the addresses below to inquire about how their programs more specifically incorporate mass media strategies.

Office of Cancer Communications
National Cancer Institute
Bethesda, MD 20892

National High Blood Pressure/National Cholesterol Education Programs
National Heart, Lung, and Blood Institute
Bethesda, MD 20892

Division of Communication Programs
Office for Substance Abuse Prevention
5600 Fishers Lane
Rockville, MD 20857

National Eye Health Education Program
National Eye Institute
Box 20/20
Bethesda, MD 20892

Division of Public Information
Office of the Director
National Institutes of Health
Bethesda, MD 20892

Office of Disease Prevention and Health Promotion
Switzer Building, Room 2132
330 C Street SW.
Washington, DC 20201

The Henry J. Kaiser Family Foundation
2400 Sand Hill Road
Menlo Park, CA 94025

The Annenberg Center for Health Sciences
39000 Bob Hope Drive
Rancho Mirage, CA 92270

Appendix B

Contributors

Editors

Elaine Bratic Arkin
Caroline McNeil

Advisory Committee Members

Elaine Bratic Arkin, Chair
Health Communication Consultant
3435 North 14th Street
Arlington, Virginia 22201

Charles Atkin, Ph.D.
Professor
Department of Communications
Michigan State University
East Lansing, Michigan 48824

Edwin Chen
Staff Writer
Los Angeles Times
Times Mirror Square
Los Angeles, California 90053

Peter Clarke, Ph.D.
Dean
Annenberg School of Communications
University of Southern California
University Park
Los Angeles, California 90089-0281

Robert W. Denniston
Director
Division of Communication Programs
Office for Substance Abuse Prevention
5600 Fishers Lane
Rockville, Maryland 20857

George Dessart
Vice President
Program Practices
CBS/Broadcast Group
51 West 52nd Street
New York, New York 10019

Brian Flay, D.Phil.
Prevention Research Center
School of Public Health (M/C922)
University of Illinois
P.O. Box 6998
Chicago, Illinois 60680

June A. Flora, Ph.D.
Assistant Professor
Institute for Communication Research
McClatchy Hall
Stanford University
Stanford, California 94305-2050

Vicki S. Freimuth, Ph.D.
Director
Health Communications Program
University of Maryland
College Park, Maryland 20742

Stephen Klaidman
Senior Associate
Program on Risk Communication
Georgetown University
Suite 200
2121 Wisconsin Avenue NW.
Washington, DC 20007

Susan K. Maloney, M.H.S.
Staff Director
Health Communication Staff
Office of Disease Prevention and Health Promotion
Switzer Building, Room 2132
330 C Street SW.
Washington, DC 20201

David B. McCallum, Ph.D.
Director and Senior Fellow
Program on Risk Communication
Georgetown University
Suite 220
2121 Wisconsin Avenue NW.
Washington, DC 20007

William D. Novelli, M.A.
President
Porter/Novelli
1001 30th Street NW.
Washington, DC 20007

Rose Mary Romano, M.A.
Chief
Information Projects Branch
Office of Cancer Communications
National Cancer Institute
National Institutes of Health
Building 31, Room 4B43
Bethesda, Maryland 20892

Nancy Signorielli, Ph.D.
Associate Professor
Department of Communications
University of Delaware
Ewing Hall
Newark, Delaware 19716

Lawrence Wallack, Dr.P.H.
Associate Professor
School of Public Health
University of California at Berkeley
516 Warren Hall
Berkeley, California 94720

Thomas F. Zimmerman, Ph.D.
Executive Vice President
Eisenhower Medical Research and Education Center
Annenberg Center for Health Sciences
39000 Bob Hope Drive
Rancho Mirage, California 92270

Other Contributors

Thomas E. Backer, Ph.D.
President
Human Interaction Research Institute
Suite 102
1849 Sawtelle Boulevard
Los Angeles, California 90025

Dan F. Beauchamp, Ph.D.
Deputy Commissioner
New York State Department of Health
Corning Tower, Room 1619
Albany, New York 12237

Erwin P. Bettinghaus, Ph.D.
Dean
College of Communication Arts and Sciences
Michigan State University
286 Communication Arts Building
East Lansing, Michigan 48824

Mark Bloom
Managing Editor
Physician's Weekly
11th Floor
529 Fifth Avenue
New York, New York 10017

Dee Burton, Ph.D.
Assistant Professor
Prevention Research Center
School of Public Health
University of Illinois at Chicago
M/C 922
P.O. Box 6998
Chicago, Illinois 60680

Avery Comarow
Assistant Managing Editor
U.S. News and World Report
Room 714
2400 N Street NW.
Washington, DC 20037

Vincent T. Covello, Ph.D.
Professor
Columbia University
School of Public Health
Building 1, Room 106
60 Haven Avenue
New York, New York 10032

Bruce Dan, M.D.
Senior Editor
Journal of the American Medical Association
Medical Editor
WLS-Television
535 North Dearborn Street
Chicago, Illinois 60610

Catherine Davis
Account Supervisor
HDM Dawson Johns and Black
One East Wacker Drive
Chicago, Illinois 60601

William DeJong, Ph.D.
Director of Research
Center for Health Communication
Harvard School of Public Health
677 Huntington Avenue
Boston, Massachusetts 02115

Larry Deutschman
Entertainment Industries Council
Suite 203
4444 Riverside Drive
Burbank, California 91505

Sharon Dunwoody, Ph.D.
Associate Professor
University of Wisconsin at Madison
School of Journalism and Mass Communication
Madison, Wisconsin 53706

H. Tristram Engelhardt, Jr., M.D., Ph.D.
Professor
Center for Ethics
Baylor College of Medicine
One Baylor Plaza
Houston, Texas 77030

Pat Franks
Coordinator of the AIDS Resource Program
University of California at San Francisco
Box 0990
258A Laguna Honda Boulevard
San Francisco, California
94143-0990

Elaine Freeman, M.A.
Director
Office of Public Affairs
Johns Hopkins Medical Institutions
11th Floor
550 North Broadway
Baltimore, Maryland 21205

Judith E. Funkhouser
Deputy Director
Division of Communication Programs
Office for Substance Abuse Prevention
Rockville, Maryland 20857

Lawrence W. Green, Dr.P.H.
Vice President
Kaiser Family Foundation
2400 Sand Hill Road
Menlo Park, California 94025

Sharon Lee Hammond, M.A.
Research Associate
Program on Risk Communication
Georgetown University
Suite 220
2121 Wisconsin Avenue NW.
Washington, DC 20007

Philip Hilts
National News
Washington Post
1150 15th Street NW.
Washington, DC 20071

Michael F. Jacobson, Ph.D.
Executive Director
Center for Science in the Public Interest (CSPI)
1501 16th Street NW.
Washington, DC 20036

C. Anderson Johnson, Ph.D.
Director
Institute for Health Promotion and Disease Prevention Research
University of Southern California
Second Floor
35 North Lake Avenue
Pasadena, California 91101

Morton Lebow, M.A.
Associate Director of Public Information
American College of Obstetricians and Gynecologists
409 12th Street SW.
Washington, DC 20024

Laura J. Lederer
Program Director
The L.J. Skaggs and Mary C. Skaggs Foundation
21st Floor
1221 Broadway
Oakland, California 94612

Jack C. Ling, M.A.
Special Advisor of Communication
United Nations International Children's Emergency Fund/
World Health Organization
H-11F
Three United Nations Plaza
New York, New York 10017

Joseph Lovett
Producer
"20/20"
ABC News
157 Columbus Avenue
New York, New York 10023

Nancy Mattison, Ph.D.
Manager
Public Policy
CIBA-GEIGY Pharmaceuticals Division
556 Morris Avenue
Summit, New Jersey 07901

John McGrath, M.A.
Chief
Communications and Marketing Section
National Heart, Lung, and Blood Institute
National Institutes of Health
Building 30, Room 4A21
Bethesda, Maryland 20892

Wendy Mettger
Health Communications Consultant
National Cancer Institute
129 Grant Avenue
Takoma Park, Maryland 20912

Candy Meyer
Producer
KPIX
855 Battery Street
San Francisco, California 94111

Phillip Meyer, M.A.
William Rand Kenan, Jr.
Professor of Journalism
University of North Carolina
School of Journalism
Howell Hall
Campus Box 3365
Chapel Hill, North Carolina 27514

Robin Mockenhaupt, M.P.H.
Senior Program Specialist
Health Advocacy Services
American Association of Retired Persons
1909 K Street NW.
Washington, DC 20049

Kathryn Montgomery, Ph.D., M.A.
Assistant Professor of Film and Television
University of California
at Los Angeles
Los Angeles, California 90068

William Morrison
Mass Media Adviser
National Institutes of Health
Building 31, Room 2B37
Bethesda, Maryland 20892

Joseph W. Palca, Ph.D.
Washington News Editor
Nature
1137 National Press Building
Washington, DC 20045

Michael Pertschuk
Co-director
Advocacy Institute
Suite 600
1730 Rhode Island Avenue NW.
Washington, DC 20036-3118

Steve Rabin, J.D.
Senior Vice President
Ogilvy and Mather Public Affairs
Suite 320
1901 L Street NW.
Washington, DC 20036

Ellen Rodman, Ph.D., M.A.
Executive Vice President
LN Productions
Suite 3B
50 Riverside Drive
New York, New York 10024

Everett M. Rogers, Ph.D.
Professor
Annenberg School of Communications
University of Southern California
University Park
Los Angeles, California 90089-0281

Christine Russell
Journalist
43 Huckleberry Lane
Darien, Connecticut 06820

Sarah E. Samuels, Dr.P.H.
Program Officer
Kaiser Family Foundation
2400 Sand Hill Road
Menlo Park, California 94025

Van Gordon Sauter
Television Producer
1357 Belfast
Los Angeles, California 90069

Bruce Silverglade, J.D.
Director of Legal Affairs
Center for Science in the
Public Interest
1501 16th Street NW.
Washington, DC 20036

Eleanor Singer, Ph.D.
Senior Research Scholar
Columbia University
61 South Clinton Avenue
Hastings-on-Hudson, New York
10706

William M. Sowers, M.P.A.
Vice President
MACRO Systems, Inc.
8630 Fenton Street
Silver Spring, Maryland 21044

Judith A. Stein, M.A.
Chief
Scientific Reporting Section
and Information Officer
National Eye Institute
National Institutes of Health
Building 31, Room 6A32
Bethesda, Maryland 20892

Richard Sternberg, M.D.
Senior Medical Editor
Lifetime Medical Television
Suite 500
3575 Cahuenga Boulevard West
Los Angeles, California 90068

Joseph M. Stewart
Vice President
Public Affairs
Kellogg Company
One Kellogg Square
Battle Creek, Michigan 49016

Carolyn Stroman
Howard School of
Communications
25 Bryant Street NW.
Washington, DC 20059

Joseph Turow, Ph.D.
Associate Professor
Annenberg School of
Communications
University of Pennsylvania
3620 Walnut Street
Philadelphia, Pennsylvania 19104

Kenneth E. Warner, Ph.D.
Professor
University of Michigan
School of Public Health
1420 Washington Heights
Ann Arbor, Michigan 48109-2029

Carol Wean
KPIX-TV
855 Battery Street
San Francisco, California 94111

Linda Weiner
Associate Director for
Health Communication
Health Promotion Resource
Center
Stanford University
School of Medicine
1000 Welsh Road
Palo Alto, California 94304-1885

Marjorie Whigham
Health and Fitness Editor
Essence Magazine
1500 Broadway
New York, New York 10036

Brett White
Vice President
Standards and Practices
CAP Cities
ABC
2040 Avenue of the Stars
Century City, California 90067

Jay A. Winsten, Ph.D.
Assistant Dean
Director, Center for Health
Communication
Harvard University
School of Public Health
677 Huntington Avenue
Boston, Massachusetts 02115

Appendix C

Bibliography

Commissioned Papers*

Davis, Catherine. *What the Consumer Hears.* Paper prepared for Mass Media and Health: Complexities and Conflicts, September 17-19, 1988, Rancho Mirage, California.

Flay, Brian R., and Dee Burton. *Effective Mass Communication Campaigns for Public Health.* Paper prepared for Mass Media and Health: Complexities and Conflicts, September 17-19, 1988, Rancho Mirage, California.

Klaidman, Stephen. *The Roles and Responsibilities of the Mass Media in Reporting on Health.* Paper prepared for Mass Media and Health: Complexities and Conflicts, September 17-19, 1988, Rancho Mirage, California.

Meyer, Philip. *Factors That Affect Media Responsiveness to Public Health.* Paper prepared for Mass Media and Health: Complexities and Conflicts, September 17-19, 1988, Rancho Mirage, California.

Novelli, William D. *Marketing Communications: Selling Products and Services.* Paper prepared for Mass Media and Health: Complexities and Conflicts, September 17-19, 1988, Rancho Mirage, California.

Signorielli, Nancy. *Health and the Media: Images and Impact.* Paper prepared for Mass Media and Health: Complexities and Conflicts, September 17-19, 1988, Rancho Mirage, California.

Silverglade, Bruce A. *The Impact of Public and Private Regulatory Policies on Communicating Health Information Regarding the Relationship Between Diet and Disease.* Paper prepared for Mass Media and Health: Complexities and Conflicts, September 17-19, 1988, Rancho Mirage, California.

Stuyck, Stephen C. *Public Health and the Media: Unequal Partners?* Paper prepared for Mass Media and Health: Complexities and Conflicts, September 17-19, 1988, Rancho Mirage, California.

The deliberations of this project also are covered in *Mass Communication and Health: Complexities and Conflicts*, edited by Charles Atkin and Lawrence Wallack, Sage Publications (1991); and a 20-minute videotape of the same title, available on loan from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.

---

*Single copies available from the ODPHP National Health Information Center, P.O. Box 1133, Washington, DC 20013-1133.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Office of Disease and Health Promotion